

APPLICATION FOR PAYMENT OF AMOUNTS DUE EVACUATED FAMILY MEMBERS OF CIVILIAN EMPLOYEES

For use of this form, see AR 37-105; the proponent is USAFAC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, US Code 5521-5527 and E.O. 10982 dated 25 Dec 61.
PRINCIPAL PURPOSE(S): To insure allotment payments to evacuated family members or designated representatives of civilian employees.
ROUTINE USES: Information is used to authorized allotment deductions from compensation due a civilian employee for payment to evacuated family members or designated representatives inside and outside the United States.
The form will be retained by the paying office.
DISCLOSURE: Disclosure is voluntary, however, unless the required information is furnished, allotments will not be issued.

TO: (Name and location of paying office)

NAME OF SPONSORING CIVILIAN EMPLOYEE	POSITION TITLE	GRADE AND STEP	SOCIAL SECURITY NO.
NAME OF APPLICANT (Family Member or Authorized Representative)	ADDRESS OF APPLICANT		
RELATIONSHIP OF APPLICANT TO SPONSORING EMPLOYEE			
NAME OF EVACUATED INSTALLATION	LOCATION OF EVACUATED INSTALLATION	DATE OF EVACUATION	
NAME OF EMPLOYING OFFICE	CUSTODIAN OF EMPLOYEES PAY RECORD (Name and Location)		

NAME OF FAMILY MEMBER(S)	ADDRESS OF FAMILY MEMBER(S) (Include Zip Code)	AGE	RELATIONSHIP TO SPONSORING EMPLOYEE

AMOUNT OF ALLOTMENT DUE EVACUATED FAMILY MEMBER \$ _____ per _____	AMOUNT OF UNPAID ALLOTMENT AS OF DATE OF EVACUATION \$ _____
---	---

The above information is complete and accurate to the best of my knowledge and belief and I am the applicant identified herein..

SIGNATURE OF APPLICANT	DATE
------------------------	------

FOR AGENCY USE

APPLICATION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE OF APPROVING AUTHORITY	DATE
--	----------------------------------	------

IF DISAPPROVED, STATE BASIS FOR DISAPPROVAL